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PRESS RELEASE

**Post traumatic stress disorder (PTSD): NICE publishes
guidance to help the NHS recognise and treat people
who develop PTSD after traumatic events**

The National Institute for Clinical Excellence (NICE) has today issued guidelines for the NHS on how to improve the recognition, screening and treatment of post traumatic stress disorder (PTSD) in children and adults in primary and secondary care.

PTSD can affect anyone and is common – around 5% of men and 10% of women will suffer from PTSD at some time in their life. Up to 30% of people exposed to a stressful event or situation of an exceptionally threatening or catastrophic nature (such as a natural disaster, war, torture, rape or sexual abuse) will go on to develop PTSD. Symptoms often develop immediately after the traumatic event, but the onset of symptoms may be delayed in some people. There is under-recognition of the condition in the NHS, particularly in children, yet PTSD is treatable even when problems present many years after the traumatic event. The guideline recommends that:

- Where symptoms are mild and have been present for less than 4 weeks after the trauma, watchful waiting, as a way of managing the difficulties presented by individual people with PTSD, should be considered.
- All others with PTSD should be offered a course of trauma-focused psychological treatment (trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing) on an individual outpatient basis.

- Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focused cognitive behavioural therapy adapted as needed to suit their age, circumstances and level of development.
- Drug treatments for PTSD should not be used as a routine first-line treatment for adults (in general use or by specialist mental health professionals) in preference to a trauma-focused psychological therapy, but should be considered in adults who express a preference not to engage in trauma-focused psychological treatment.
- All disaster plans should contain provision for a fully coordinated psychosocial response to the disaster, and healthcare workers involved in a disaster plan should have clear roles and responsibilities agreed in advance.
- For individuals who have experienced a traumatic event the systematic provision to that individual alone of brief, single-session interventions that focus on the traumatic incident (often referred to as debriefing) should not be routine practice when delivering services.

Stephen Pilling, Consultant Clinical Psychologist and Co-Director of the National Collaborating Centre for Mental Health said: "The guideline sets out what are the effective treatments for PTSD. This means that brief and effective trauma focused psychological treatments should now be made available to people with PTSD in both primary care and specialist mental health services. We should not forget that these treatments are effective not only for people who have suffered trauma in major disasters but also for both adults and children who, for example, have suffered assaults or been involved in road traffic accidents."

Dr Jonathan Bisson, Clinical Senior Lecturer in Psychiatry at Cardiff University and Co-Chair of the Guideline Development Group says: "PTSD is a very real condition. Symptoms can include flashbacks, nightmares, avoidance of circumstances associated with the event, sleep problems and irritability. These often develop immediately after the traumatic event but in some people the onset is delayed. It is important that both people with PTSD and the health professionals caring for them realise that PTSD is treatable, even when problems present many years after the traumatic event."

Pamela Dix, Guideline Development Group member who lost her brother in the Lockerbie disaster said: "The publication of the PTSD guideline is a real milestone, which should lead to a greater understanding of PTSD and also highlight the effectiveness of appropriate treatment. It is important that all front-line health professionals are made aware of the guideline and I hope that adequate resources will be made available to ensure that

treatment is accessible across the country. People with PTSD should not have to struggle to get their condition recognised."

Andrew Murphy, Guideline Development group Member who served in the armed forces in Bosnia said: "Living with PTSD is incredibly difficult. Before you are diagnosed you feel you are going mad. Treatment has been patchy across the UK but these guidelines will finally make care and treatment for PTSD sufferers more balanced and give clear guidance to GPs and other health professionals as to how to treat PTSD. Quality of life is something often forgotten by care providers when treating PTSD, I trust this will no longer be the case as the sufferer will be offered a choice of effective treatments and not only medication."

Andrew Dillon, Chief Executive of NICE and Executive Lead for the guideline said: "PTSD is common. Around 5% of men and 10% of women will suffer from PTSD at some time in their life but it is a condition that often goes unrecognised. We hope this guideline will make a real difference by raising awareness of the condition, and the fact that it is treatable."

Ends

For more information call Fraser Woodward on 020 7067 5905 or 07879 846 787

Notes to Editors

About clinical guidelines

1. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
2. The guideline on PTSD was developed by the National Collaborating Centre for Mental Health, a professionally-led group with the experience and resources to develop guidance for the NHS on behalf of NICE. The National Collaborating Centre for Mental Health is led jointly by the British Psychological Society and the Royal College of Psychiatrists.
3. The Collaborating Centres follow international standards of guideline development. They establish an independent group to develop each guideline consisting of representatives of people with the condition, health professionals working in the NHS and health service researchers. The group reviews the published clinical research alongside current clinical practice and the experience of people with the condition. Professional and patient/carer groups whose members are likely to be affected by the guideline were able to submit information and comment on the recommendations before they were finalised.

About NICE

4. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
5. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.

- whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use– interventional procedures.

NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

6. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.
7. From 1 April 2005, the National Institute for Clinical Excellence will take on the functions of the Health Development Agency. The new organisation will be the National Institute for Health and Clinical Excellence (also to be known as NICE). It will be the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The web address will continue to be www.nice.org.uk.

Obtaining copies of the guidelines

8. Electronic copies of the quick reference guide to the guideline can be found on the NICE website from 23rd February 2005 at www.nice.org.uk/CG026quickrefguide and electronic copies of the information for the public leaflet that accompanies the guideline can be found at www.nice.org.uk/CG026publicinfo.
9. Hard copies of the guidelines will be distributed to the NHS shortly after 23rd March 2005 and will be available to order from the NHS response line on 0870 1555 455 from that date, by quoting reference number N0848 (quick reference guide) and N0849 (information for the public).